



TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/963,858
		Filing Date	September 25, 2001
		First Named Inventor	Frechet, Jean J.
		Art Unit	1637
		Examiner Name	Riley, Jezia
Total Number of Pages in This Submission	31	Attorney Docket Number	061818-5011-US

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<ul style="list-style-type: none">• Return postcard
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 50-0310.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Morgan, Lewis & Bockius LLP Todd Esker	Reg. No. 46,690
Signature		
Date	June 23, 2005	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Kathryn A. Deglantoni		
Signature		Date	June 23, 2005



FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60)

Complete if Known	
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Art Unit	1637
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METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None

Deposit Account:

Deposit Account Number
50-0310

Deposit Account Name
Morgan, Lewis & Bockius LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1011	300	2011	150	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
	500		250	Utility Search Fee	
	200		100	Utility Examination Fee	
SUBTOTAL (1)				(\$)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Fee from below		Fee Paid
Total Claims	20	X50	=	
Independent Claims	3	X200	=	
Multiple Dependent		X	=	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple dependent claim, if not paid
1204	88	2204	44	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$)

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Fee Code	Fee (\$)	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
	1051	130		2051	65	Surcharge - late filing fee or oath	
	1052	50		2052	25	Surcharge - late provisional filing fee or cover sheet	
	1053	130		1053	130	Non-English specification	
	1812	2,520		1812	2,520	For filing a request for reexamination	
	1804	920*		1804	920*	Requesting publication of SIR prior to Examiner action	
	1805	1,840*		1805	1,840*	Requesting publication of SIR after Examiner action	
	1251	120		2251	60	Extension for reply within first month	60
	1252	450		2252	225	Extension for reply within second month	
	1253	1,020		2253	510	Extension for reply within third month	
	1254	1,590		2254	795	Extension for reply within fourth month	
	1255	2,160		2255	1,080	Extension for reply within fifth month	
	1401	500		2401	250	Notice of Appeal	
	1402	500		2402	250	Filing a brief in support of an appeal	
	1403	1,000		2403	500	Request for oral hearing	
	1451	1,510		1451	1,510	Petition to institute a public use proceeding	
	1452	500		2452	250	Petition to revive - unavoidable	
	1453	1,500		2453	750	Petition to revive - unintentional	
	1501	1,400		2501	700	Utility issue fee (or reissue)	
	1502	800		2502	400	Design issue fee	
	1503	1,100		2503	550	Plant issue fee	
	1460	130		1460	130	Petitions to the Commissioner	
	1807	50		1807	50	Petitions related to provisional applications	
	1806	180		1806	180	Submission of Information Disclosure Stmt	
	8021	40		8021	40	Recording each patent assignment per property (times number of properties)	
	1809	790		2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
	1810	790		2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	
	1801	790		2801	395	Request for Continued Examination (RCE)	
	1802	900		1802	900	Request for expedited examination of a design application	
	1081	250		2081	125	Utility Application Size Fee - for each additional 50 sheets that exceeds 100 sheets	
Other fee (specify) _____							

*Reduced by Basic Filing Fee Paid **SUBTOTAL (3)** (\$60)

SUBMITTED BY		Complete if applicable			
Name (Print/Type)	Todd Esker	Registration No. (Attorney/Agent)	46,690	Telephone	(415) 442-1000
Signature				Date	June 23, 2005